



Theory of Practice

Changing emotion with emotion

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ABSTRACT

In this paper, an Emotion-focused theoretical framework of human functioning and therapy based on the primacy of affect is presented. Most clients seek therapy for emotional difficulties. They are feeling bad about themselves or are in emotional distress in relationships. They have difficulties dealing with painful core emotions such as fear, shame, and sadness or regulating symptomatic emotions like panic and rage. Emotion-focused therapy is a way to work directly with emotions by accessing them in therapy and by changing emotion with emotion.

Keywords

Emotion, Transformation, Pain, Emotion schemes, Emotion assessment.

ABSTRACT in ITALIANO

In questo articolo viene presentato un quadro teorico del funzionamento umano e della terapia basato sulla centralità delle emozioni. La maggior parte dei pazienti cerca una terapia per difficoltà di natura emotiva: si sentono male con sé stessi o sperimentano sofferenza emotiva nelle relazioni. Hanno difficoltà a gestire emozioni profonde e dolorose come la paura, la vergogna e la tristezza, oppure a regolare emozioni sintomatiche come il panico e la rabbia. La terapia focalizzata sulle emozioni offre un approccio che lavora direttamente sulle emozioni, consentendo ai pazienti di accedervi durante la terapia e di modificarle attraverso altre emozioni.

Parole Chiave

Emozione, Trasformazione, Dolore, Schemi emotivi, Valutazione delle emozioni.

INTRODUCTION

In this paper, I will lay out an Emotion-focused theoretical framework of human functioning and therapy based on the primacy of affect [1,2]. Most individuals seek therapy for emotional difficulties. They are

feeling bad about themselves or are in emotional distress in relationships. They have difficulties dealing with painful core emotions, such as fear, shame, and sadness or regulating symptomatic emotions like panic and rage. Difficulties with emotion lie at the core of many mental health

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disorders (depression, anxiety, PTSD, BPD, eating disorders).

There is an increasing emphasis on emotions in psychotherapy, with a growing recognition of emotion as the root cause of dysfunction. The aim of therapy, then, is to correct emotional processing difficulties. In this view, when people are able to process their emotions, they won't have disorders. This also emphasizes commonalities across disorders rather than their differences and suggests a trans-diagnostic treatment applicable across all disorders.

Emotional processing is considered a broad approach to managing emotions, but its exact nature remains largely undefined. We, however, have developed a measure of different emotion types and a measure of productive emotional processing [3,4] to specify the features of good emotional processing. In addition, we have specified the emotion-processing steps involved in the transformation of core painful emotions [3,5]. Both productive emotion processing and emotion transformation have been shown to be predictors of good outcomes.

What is emotion

Emotion refers to a complex state that results in physical and psychological changes that influence thought and behavior. Emotions were developed by evolution to provide action tendencies that promote survival and need or goal attainment. Frijda [6] has argued that what is most basic in human functioning is not the feeling of an emotion but rather modes of action readiness. At a neurological level, LeDoux [7] suggests that the most basic survival circuits mediate a coordinated set of adaptive brain and behavioral responses. Emotions do not exist in the brain as neurological entities with specific locations, nor are they simply feelings. Rather, they probably are hard-wired brain circuits for survival tendencies. Tendencies such as, defense against threat, or withdrawal from danger develop into basic emotions such as anger and fear. These brain circuits and their adaptive functions have been evolutionarily conserved across mammals, making them universal, unlike subjective emotional experiences. Therefore, when working

with emotions, how we name them and even how they feel may vary, but the action tendency remains the most fundamental and universal aspect.

At its core, emotion is connected to our most essential needs that have evolved to help us survive and thrive. Emotion rapidly alerts us to situations important to our well-being and prepares and guides us to take action towards meeting our needs. Emotion also sets a basic mode of processing in action [1,8]. It simultaneously provides information in the form of feelings about what is going on in the situation, in relation to needs, and communicates intentions to others. Our emotions give us feedback about our reactions to situations [2,9]. When fear is activated, it provides us with an action tendency to flee. We feel fear, which signals that we are in danger, and this initiates the fear-processing response. The appraisal of danger and the fear that is felt are not expressed in words; they are pre-symbolic, providing basic meaning based on a global apprehension of a meaningful pattern relevant to our well-being. Emotion differs from language-based thought in that it provides an orientation to the world and a felt referent, which requires further processing to become explicit meaning. Feelings tell us about opportunities, give us feedback on the effects of our responses, and guide us toward adaptive behaviors. Feelings guide us in unpredictable or uncertain situations. We feel our way through life's unpredicted situations.

Infants come into the world with a set of evolutionarily derived affective-psycho-motor programs (emotions) that come online at different ages and promote survival. In addition, the brain can form neuronal networks — referred to as schemes — and construct narratives that organize experiences into sequences and give them purpose. Schemes are internal, meaning-making organizations that encode lived experience in memory. The brain also has the innate capacity to both preverbally and verbally create meaning in narratives that have beginnings, middles and ends, agents, actions, and intentions. These innate capacities are developed evolutionarily, over time, to promote survival and growth.

In this view, the pursuit of life is based on feeling. Feelings are the subjective experience of the state of life. The complete absence of feeling would spell a suspension of being. A life not felt would not know what it needs and would need no actions for what ails it [10]. Experience is the fluctuating pulse of feeling in response to moving through the world, as we assess whether things align with our expectations and attempt to bridge the gap when they don't. Feelings provide sensory information to guide us moment by moment, and they do so without speaking a word. Feelings inform the organism of the degrees of organismic regulation, and emotions provide the action tendencies to meet needs.

Essentially, emotions tell us what is good or bad for us and whether things are going our way through feeling them. The goodness or badness of a feeling tells us whether an underlying need is satisfied. Different emotions provide different feelings. There are different kinds of pleasure and unpleasure related to different feelings. Separation distress feels different from fear of danger, and the shame of humiliation feels different from anger at violation. These all feel bad in different ways. A feeling of missing a loved one is not the same bodily feeling as resentment towards a loved one. In addition, different emotions compel us to do different things, to alleviate the bad feelings and to satisfy the different unmet needs of which the emotion is informing us.

Emotion schemes

While basic emotions are innate, emotion schemes are learned, arising from our past experiences. Emotion schemes are mental organizations consisting of complex affective/cognitive networks [1,11] that are formed from lived emotional experiences. They are action and experience-producing structures and differ from cognitive schemas, which produce beliefs in language. Infants come into the world with rudimentary psycho-affective motor programs to aid survival, and from these and our inborn biases and preferences, people begin to build their experience of the world. We do not learn how to be angry or how to be sad – these are hard-wired – but what we become an-

gry at, or what we become sad about, is a function of learning. What we learn is then formed into emotion schemes, and these, when later activated, produce emotional experience. Activated emotion schemes are synthesized into higher level self-organizations, such as feeling worthless or feeling insecure, and these are the target of therapy.

Emotion schemes are, therefore, memory structures that synthesize affective, cognitive, and behavioral elements in a quick and automatic way, related to implicit, unconscious, and idiosyncratic mechanisms, thus forming the basis for the organization of the self. Once something important happens to the organism, an emotion scheme with specific meanings is likely to be constructed. When present cues, situations or meanings are close to the one's that happened in the past, emotion schemes are activated and generate emotions, producing an experiential state. Often, when we talk about accessing emotion, we mean activating experience related to emotion-laden memory. It is unusual for many clients to feel purely sad or angry; rather, they feel highly refined and complex emotional states like "being thrown on the dump heap" when rejected or "adrift at sea in a rudderless boat" when having lost a sense of direction. So, when we say accessing fear, sadness, or anger, we often mean accessing an unprocessed, complex set of feelings related to early experiences.

Emotion and meaning in psychotherapy

People have two general purpose systems that support their basic survival and growth motivation and provide the material for psychotherapeutic work. In EFT, we work with an emotion system that evolved evolutionarily to achieve the aim of emotions survival, and a narrative meaning-making system which makes distinctions and creates narratives to enhance adaptation. These two systems provide us with two forms of knowing. One explicit form is driven by conceptual processing, and another is a more holistic, implicit, or intuitive form of experiential knowing provided by the synthesis of emotion schemes. In therapy, we promote the interaction of these two systems to create, moment by

moment, the self we are about to become. In this process, activated schemes synthesize to form operating self-organizations, which provide the feeling of what is happening and give a person an embodied sense of self in a situation that can be attended to. Therapy works to guide people's attention to their bodily feelings in order to make sense of them and symbolize them in words. Conceptual processing then makes sense of feeling, ultimately in narrative form. The process of making sense of emotion is a constructive one. What we feel is constructed from basic constituents and is not yet an emotion until it is symbolized in awareness. In this process, how one symbolizes and stories what is felt and this helps create what the feeling becomes. The bodily felt sense constrains but does not determine what is felt. Therefore, we are constantly in the process of creating the self we are about to become by how we make sense of our feelings. Our symbolizations create our self-concept, our beliefs, and ultimately our narratives, and if these draw significantly on our experience, we are integrated beings; if not, problems arise. Life, therefore, is a process of living at the interface of biology and culture, integrating head and heart, emotion and reason, affect and language, and conceptual and experiential processing to live as effectively as possible.

Process outcome research

I followed a research program designed to test the process of change in EFT and the efficacy of the treatment. The result of at least 30 years of process research at York University can be summarized as follows. We demonstrated that **moderate to highly aroused emotions** that are **deeply experienced** and reflected on in order to **make narrative sense** in the context of an **empathically attuned** relationship with a **good working alliance** with a therapist who **is present** predicts therapeutic outcome. Each statement in bold represents a measured variable. These findings support the EFT hypothesis that activating emotion and reflecting on it to make sense of it in the context of a good relationship is a primary mechanism of therapeutic change. This view of emotional change differs from cathartic theories of getting rid of emotion, downregulating theories

of managing emotion, insight theories of understanding emotion, and acceptance theories of simply experiencing emotions. Rather, change occurs by arousing previously disowned painful emotions and bringing cognition to bear on emotion to make sense of it. Change thus involves making sense of activated emotion.

Having gathered empirical support for the hypothesis that arousal and making sense of emotion predict outcome, we engaged in a further decade of research to develop a more differentiated understanding of the change process. We found that it is was the **productive processing** of moderately aroused primary emotions [4] plus a **particular sequence of emotion** processing [3,5] that predicted outcome. Productive emotional processing involves being in contact with and mindfully aware of emotion by attending, symbolizing, congruently expressing, accepting, and having a sense of agency, regulating, and differentiating emotion. The sequence involved moving from secondary symptomatic to primary maladaptive to adaptive emotions. All this emotion processing occurred in the context of the previously empirically validated empathically attuned relationship with a good working alliance with a therapist who is present [3,5].

Emotion focused practice

EFT practice is made up of a combination of relationship and work. We adopt an approach that combines relationship and work. It is based on the therapist's presence, empathy, acceptance, and genuineness [12], and the work [13,14] consists of a set of marker-guided interventions such as two-chair dialogue for splits, focusing for an unclear felt sense [15], and empty chair dialogue for unfinished business. The whole approach thus can be thought of as involving islands of work in an ocean of empathy where therapists keep their fingers on the client's emotional pulse moment by moment and engage the client in particular types of sessions of work when markers, which offer opportunities for different types of interventions, arise. There are, in addition, four main compasses that guide the practice of EFT. The four areas in which the therapist needs to be knowledgeable to steer the therapy in productive directions are: emotion assessment,

case formulation, principles of emotional change, and markers and tasks. These are described below.

Emotion assessment

In EFT, we understand emotions in terms of depth and sequence. We perceive emotions as operating on different levels, with secondary emotions appearing at the surface and primary emotions lying deeper beneath them. Additionally, emotions can occur in sequences, where a secondary emotion may come before a primary one. The type of emotion being expressed and its sequence are important. Since emotion is a process, it is crucial to consider not only which emotion is being expressed but also the order in which emotions unfold.

Seeing clients as having underlying emotions (implicit) helps guide therapists' responses. EFT distinguishes four types of emotional responses [16,17]. Primary adaptive emotion responses are peoples' first, natural reactions to the current situation that help them take appropriate action. For example, if a person is being violated by someone, anger is an adaptive response because it helps the person to take assertive action to end the violation; sadness, on the other hand, indicates loss and motivates the need for connection. Primary maladaptive emotion responses are also initial, direct reactions to situations; however, they involve overlearned responses based on previous, often traumatic, experiences. For example, someone who was abused as a child might have a fear response to closeness. Secondary reactive emotional responses are reactions to more primary emotional responses (and they obscure the primary responses). For example, people often express secondary anger when primarily hurt. Finally, instrumental emotion responses are strategic displays of an emotion for their intended effect on others, such as crying "crocodile tears" (instrumental sadness) to gain sympathy. Therapists are constantly assessing emotion types, and this guides their responses in their efforts to help clients move from secondary to more primary emotions and to help access adaptive emotions to change maladaptive emotions.

The manner of processing emotion is also important. We have further distin-

guished between productive and unproductive manners of processing emotion. For a client's emotional process to be considered productive, the client has to first be experiencing a primary emotion in a contactfully aware manner. Contactful awareness is defined by seven criteria, all of which have to be more present than not for a client's emotional experience to qualify as productive. These are:

- 1) Attending: On the most basic level, the client has to be aware of the activated primary emotion and attend to it.
- 2) Symbolization: Once a physical or emotional reaction is felt in awareness, it has to be symbolized in words to be able to fully comprehend its meaning, i.e. the client has to name his or her emotional reaction in words or engage in the process of symbolizing it.
- 3) Congruence: The clients' verbally symbolized emotional experience, and the nonverbal emotional expression, have to be congruent what is said and felt need to match.
- 4) Acceptance: Acceptance refers to the stance the client takes towards his or her emotional experience. In order to become fully aware of and gain full access to primary emotional experiences, a client has to accept both the emotion and the emotion.
- 5) Agency: Agency refers to the stance clients take towards the generation of their emotional experience. Clients have to take responsibility for the emotion as opposed to taking the stance of a passive victim.
- 6) Regulation: The activated emotional experience has to be sufficiently regulated so that it is not overwhelming. This involves emotional arousal at a level at which the client is able to cognitively orient towards the emotion as information, thus allowing for an integration of cognition and affect.
- 7) Differentiation: Finally, a client's primary emotional expression has to become differentiated over time, and the client should not be stuck in the same emotion. The client verbally

differentiates an initial emotional reaction into more complex feelings or meanings or into a sequence of other feelings or meanings or that new feelings or aspects of the feeling emerge.

It thus is not just about accepting, exposing, interpreting, understanding, or modifying emotion; rather, as I have said, it is depth and sequence that are key in understanding emotional change. We have found that the sequence:

Secondary → Primary maladaptive → Primary Adaptive emotion is key in change. It's not just accept, expose, interpret, understand or modify. Rather, it is a sequence such as feeling secondary symptomatic hopelessness, moving to underlying maladaptive shame of worthlessness, and finally to adaptive assertive anger [3,5] that is change producing.

In therapy, we help clients first to arrive at emotion. This is done by them approaching and becoming aware of emotion as well as regulating, tolerating, accepting, and symbolizing emotion. Some of the ad-ages to help convey the importance to clients of allowing and accepting emotions are "You have to feel it to heal it", "You have to arrive at a place before you can leave it", and "The only way out is through". So, clients need not only to accept emotions but also to leave emotions. This is done by transforming that which is maladaptive by generating opposing adaptive emotional responses and by constructing new narratives to create new meanings. This will be discussed further below under the principles of emotional change.

Principles of emotional change

Six principles of working with emotion have been articulated to guide therapists in how to work with emotion. The first is increasing emotional awareness and symbolization in the context of salient personal stories. Here, the therapist helps clients symbolize their emotional experience in awareness in order to make sense of it. The most basic process involves being able to name what am I feeling. Spinoza articulated early on that an emotion, which is a passion, ceases to be a passion (something that we are passive in relation to) as soon as we form a clear and distinct idea of it.

[18]. He offers that when the mind knows a painful emotion such as sadness or grief, its activity of knowing signals an increase of power, which generates a feeling of joy. Spinoza is suggesting here that putting emotions into words makes us agents in our lives and that understanding is inherently joyful.

We use the Experiencing Scale (EXP) to code the degree of symbolization of bodily felt experience, hoping to facilitate a marked shift inward with a focus on the exploration of feelings and internal experiences. At Level 4, clients are in direct contact with their fluid experience and speak 'from' it as opposed to 'about' it. Questions about experience and the self are raised and explored from an internal perspective. Newly realized feelings and experiences are integrated and explored to produce personally meaningful constructions and resolve issues. Shifts and new understandings in one particular area of experience are broadened to a wider range of experiences, giving clarity and meaning.

The second principle is expressing emotion. Expressing differs from awareness. Awareness is a form of knowing, and expression is a form of doing. Expressing changes the self and changes interactions both by mobilizing and revealing self. It overcomes control and inhibition and promotes the completion of expression. In addition, neuro-chemical changes occur. The brain codes what the body does, and new experiences lay down new pathways. Imagery and psycho-dramatic enactments promote psychological contact and a dialectical process between different aspects of experience. Two parts in contact create a sense of connection between different parts of self or contact with a bodily referent. Contact is a form of experience and form a figure against a background. Tasting the raisin and smelling the coffee are contactful experiences and differ from being aware. Contact with another person involves a sense of being with rather than apart (interpersonal).

It is the disowning of experience, disclaiming the action tendency and experience as not me, not the not acknowledging of something that is dysfunctional. I know that I'm afraid or ashamed but not be experiencing it. Therapy involves reclaiming experience and owning it as my

own. Expressing is measured by the expressed arousal scale [19], which measures the degree of emotional arousal expressed. It ranges from a Level 1, in which the person does not express emotions in voice or gestures, to a Level 4, in which arousal is moderate in voice and body, and emotional voice is present, but arousal is still somewhat restricted. At Level 6, arousal is very intense and extremely full, and the person freely expresses emotion with voice and body. At Level 7, arousal is extremely intense and full, and there is a complete disruption of speech, uncontrollable, and this is viewed as dysregulated.

We also measure vocal quality, which includes four main voices. An external voice which is like a lecturing tone, and it feels you are being talked at. A focused voice in which the clinical picture is the client who has turned eyeballs inwards and is searching for words based on a bodily felt sense. With a limited voice, the clinical picture is someone who is fragile and wary, and the voice is thin, wispy, and low energy. An emotional voice involves the voice breaking its normal platform, and one hears the emotion in the voice.

Two more principles concern the modulation and the understanding of emotion. The third modulation-related principle involves enhancing emotion regulation. There, however, are two forms of regulation: explicit and implicit regulation. Explicit regulation involves managing emotions once they have been activated and involves the use of deliberate cerebral capacities to contain and regulate maladaptive amygdala reactions (especially fear, rage, and shame). The other is implicit regulation, which can be developed by internalizing the empathic soothing of the therapist and by the facilitation of compassion for the self so that emotion becomes moderated at the source. This is often referred to as developing affect regulation and is helped by the development of a secure attachment bond.

The fourth principle is reflection on emotion. This involves understanding and making sense of experience. Dis-embedding from an experience enables one to take an observer's perspective to reflect on rather than react to experience. This involves the creation of new meaning and

developing insight, seeing patterns, understanding in a new way, and new narrative construction.

The final principles involve the transformation of maladaptive emotions. We need to help clients not only accept but also change what they feel. The final two transformation principles specify how to change emotion with a new emotional experience. The two processes are: changing emotion with emotion from within and changing emotion with new interpersonal experience. In changing emotion with new emotions from within alternate self-organizations, a new set of emotion schematic memories or 'voices' in the personality, based on primary adaptive emotions, are accessed by attentional re-allocation or focusing on a new need/goal. Changing emotions with new interpersonal experience, on the other hand, involves having a new lived experience with another person – in this case, the therapist. This provides a corrective emotional experience that disconfirms expected negative reactions and feelings. New success experience also provides new emotion, which changes old emotions.

Given that amygdala-based primary maladaptive emotions are impenetrable to reason, we need to generate alternate adaptive emotions to change emotions. Spinoza (1667) was the first to state this principle "An emotion cannot be restrained nor removed unless by an opposed and stronger emotion" [18] (p. 195). So, we need to start thinking about changing emotion with emotion. For example, we can change fear with anger, shame with self-compassion, sadness with anger, or with compassion, etc. This involves a process of transformation by synthesis.

Transformation by synthesis

Having arrived at a core, painful, maladaptive, primary emotion, therapists thus need to facilitate the activation of new, opposing, adaptive emotions. The best way to change an emotion is with an opposing and stronger emotion. Crucial to this is that the client must viscerally experience both the emotion to be changed and the new emotion, not just talk about them.

How does transformation work? Received views of emotional change all involve a notion of acceptance that feeling an emotion leads to its attenuation by some means, either by catharsis, completion, detachment, habituation, or extinction. But transformation works by a process of synthesis. Just as yellow and blue make green, so do opposing emotions synthesise to create a truly novel experience. For example, at a behavioural level, when the approach tendencies of assertive anger are coactivated with the withdrawal tendencies of shame, they synthesise to create a new state such as confidence, calm, or pride. At a neuronal level, as Hebb [20], one of the fathers of neuropsychology, stated, neurons that fire together wire together and continue to fire together. Schemes are neuronal networks, and when they are coactivated, synthesis through neural plasticity leads to change. This is development, not learning, and different pre-existing schemes integrate to form new schemes. Finally, transformation also involves the creation of new meaning and the consolidation of the emotional change in language and new narratives.

This view of change is supported by memory reconsolidation research, which shows that memories, when activated, are not fixed and, if confronted by contradictory information, have a high probability of incorporating some of the new information into the memory so that a changed memory goes back into storage. Our experience of the past thus can be changed by a process of memory reconsolidation. So, in therapy, an emotion schematic memory needs to be activated, and sometime in the session, a number of minutes after activation of the painful memory, a new emotional experience, relevant to the memory experience, is evoked. This process, ideally, is repeated in the session. The transformed memory then is consolidated with sleep. Possibly, homework can be given to practice the new experience in the context of old experience.

It is important to note that transformation differs from extinction by exposure. Transformation is not the mere reduction of the negative affect of symptomatic emotions. Transformation rather involves acceptance, making sense of emotion and change by synthesis. In transforma-

tion, the experience and expression of primary emotion is activated (maladaptive and adaptive) rather than extinguishing symptomatic emotions. Transformation is not a mere reduction of negative affect. Modification-oriented emotion processing theories are often focused on reducing secondary, symptomatic emotions. Transformation involves acceptance, making sense of emotion and change by synthesis. Therefore, it involves enhancing the experience and expression of primary emotion (maladaptive and adaptive) rather than extinction or habituation, often of symptomatic secondary emotion. Finally, transformation also involves the creation of new meaning by bringing cognition to emotion as a means of making sense of emotion and consolidating change in new narratives.

How to access new emotion

With the emphasis placed on changing emotion with emotion, the question arises as to how the therapist facilitates the activation of new emotions. A few methods will be discussed below, and these and others have been elaborated elsewhere [2,17].

Empathic attunement to affect is a baseline process that helps clients access new feelings. In addition to empathy, therapists can help clients access new subdominant emotions occurring in the present by shifting attention to emotions that are currently being expressed but are only on the periphery of a client's awareness. This helps clients become reorganized by the newly attended emotion.

A key means of activating a new emotion is focusing on what is needed [1,2]. The essence of this process is that when clients' core maladaptive emotions—such as fear, shame, or sadness—are accessed, their core needs for connection and validation are mobilized. If clients can be helped to feel deserving of these previously unmet needs, a more adaptive emotion related to their needs not being met is automatically generated by the emotional brain. Thus, when clients feel validated that they deserve to be loved or valued, the emotional system automatically appraises that needs were not met and generates either anger at having been unfairly treated or

sadness and having missed the opportunity of having one's needs met. These new adaptive feelings become a new response to the old situation and act to undo the more maladaptive feelings. The result is an implicit refutation of the sense that the person does not deserve love, respect, and connection. The opposition of the two experiences, "I am not worthy or lovable" and "I deserve to be loved or respected," supported by adaptive anger or sadness, or self-compassion in response to the same evoking situation, produces a reorganization that undoes the maladaptive state and leads to a new self-organization. For example, accessing implicit adaptive anger at violation by a perpetrator can help change maladaptive fear in a trauma victim. When the tendency to run away in fear is transformed by anger's tendency to thrust forward, a new relational position of holding the abuser accountable for wrongdoing is formed.

Re-owning previously unmet emotional needs helps mobilize primary adaptive emotions, and so accessing needs is a powerful driver of new emotion. The emotional brain appraises situations in relation to needs. When people feel they deserve to have a need met, the emotional brain appraises it as not being met and generates adaptive anger, sadness, or compassion. These new adaptive emotions that help transform the old maladaptive emotions are either those the client was never able to experience in the past or are new current emotions in response to what happened. These processes occur at a procedural level, and so one emotion follows another automatically.

When to change emotion with emotion

The question, however, now arises as to when therapists need to help change emotion with emotion. The marker for this process is when the client has arrived at a core painful, primary, maladaptive emotion at moderate to high arousal, and there is a sense of anguish and familiar despair about the suffering. We have found that the three main painful emotions that benefit from this change process are underlying primary maladaptive fear, sadness, and shame. Primary fear occurs in two types. Fear type 1 involves fear of dan-

ger (trauma), where the person runs away from the stimulus, and fear type 2 involves fear of separation, where the person runs toward the stimulus. The client here feels like a child, unprotected and scared, afraid and alone in the woods. Primary sadness, on the other hand, is the sadness of lonely abandonment and differs from fear in that it is more about loneliness than danger. Here, the client feels like a child crying out for comfort, alone in the attic in a soiled diaper, and no one comes, leaving the child feeling abandoned and alone. Finally, primary shame involves feeling worthless and defective, like I'll never amount to anything.

We have found that fear shame and sadness are mainly transformed by assertive anger, the sadness of grief, and compassion for self [2] but any adaptive emotion will change a maladaptive emotion when the adaptive emotion comes from a feeling that one deserves to have one's need met which is facilitated by therapists validation of the need.

Case formulation

Formulation in EFT occurs mainly through therapists keeping their fingers on a client's emotional pulse. They listen for the most painful emotions that seem key to the client's suffering. The therapist's main concern, therefore, is one of following the client's process, identifying core pain, and responding to markers of current emotional concerns rather than trying to formulate a picture of the person's enduring personality, character dynamics, or a core relational pattern. At the center of case formulation is the idea of following the pain as it is a compass that will lead to clients' core concerns.

CONCLUSIONS

Work in EFT involves marker-guided, process-directive interventions. This involves a form of process diagnosis of different types of in-session problems that are opportunities for different types of interventions with the aim of accessing and transforming core, painful, maladaptive emotions. The importance of not only experiencing and accepting emotion but also of chang-

ing emotion with emotion was discussed, and an explanation of how transformation occurs by synthesis was offered.

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